



## Co-Op Payment Form

### NFIP Agent Co-Op Program

To receive payment all Agents must submit a one-time only Co-Op Payment Form. Fill out and submit this form with your reimbursement documentation.

**NOTE:** 1099 Payee # / Corp. ID # required for payment to be processed. Failure to provide this information will result in a 31% tax withholding.

#### Vendor Information

Please print

Make Checks Payable to: \_\_\_\_\_

##### Remit to Address

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

#### Vendor Tax Information

##### Under what name and address do you file income tax information to the IRS?

☐ Check here if same as above.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

#### Vendor Tax Identification

##### For the payee identified above, please check the appropriate designation and provide the corresponding information.

☐ Corporation

Corporate Federal ID # \_\_\_\_\_

☐ Sole Proprietorship

Social Security # \_\_\_\_\_

☐ Partnership

Owners' Names and Social Security #'s

Name \_\_\_\_\_ SSN \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_

Agent Signature

Date

J. Walter Thompson Use Only

Paying Entity \_\_\_\_\_ Vendor # \_\_\_\_\_ Entered Date \_\_\_\_\_